

**Army Regulation 40-57
BUMEDINST 5360.26
AFR 160-99**

Medical Services

Armed Forces Medical Examiner System

**Headquarters
Departments of the Army
and the Air Force
Washington, DC
2 January 91**

Unclassified

REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.					
1. REPORT DATE (DD-MM-YYYY) 02-01-1995		2. REPORT TYPE		3. DATES COVERED (FROM - TO) xx-xx-1995 to xx-xx-1995	
4. TITLE AND SUBTITLE Armed Forces Medical Examiner System Unclassified				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S)				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME AND ADDRESS Headquarters Department of the Army Washington, DCxxxxx				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING/MONITORING AGENCY NAME AND ADDRESS Headquarters Department of the Army Washington, DC				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT A PUBLIC RELEASE					
13. SUPPLEMENTARY NOTES CATALOGERS: Report date and dates covered should be 1991					
14. ABSTRACT See report.					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:		17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19. NAME OF RESPONSIBLE PERSON	
		Public Release	21	http://www.usapa.army.mil/gils/epubs2.html, (blank) lfenster@dtic.mil	
a. REPORT Unclassified	b. ABSTRACT Unclassified	c. THIS PAGE Unclassified		19b. TELEPHONE NUMBER International Area Code Area Code Telephone Number 703767-9007 DSN 427-9007	
				Standard Form 298 (Rev. 8-98) Prescribed by ANSI Std Z39.18	

SUMMARY of CHANGE

AR 40-57/BUMEDINST 5360.26/AFR 160-99
Armed Forces Medical Examiner System

This new joint regulation assigns responsibilities for the Armed Forces Medical Examiner and an Armed Forces Institute of Pathology, Washington, DC 20306-6000 (para 1-5a); and outlines the Armed Forces Medical Examiner System (chap 2).

Effective 1 February 91

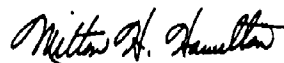
Medical Services

Armed Forces Medical Examiner System

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History. This UPDATE printing publishes a new joint Army/Navy/Air Force regulation.

Summary. This regulation implements DOD Directive 6010.16, which establishes The Armed Forces Medical Examiner System to conduct scientific forensic investigations for determining the cause and manner of death under specific circumstances for the following:

- a. Members of the Armed Forces on active duty or on active duty for training.
- b. Civilians, including dependents of military members.

Applicability. This regulation applies to the Active Army, the Army National Guard, the U.S. Army Reserve, the Navy, and the Air Force.

Proponent and exception authority.
Not applicable.

Army management control process.
This regulation is subject to the requirements

of AR 11-2. It contains internal control provisions but does not contain checklists for conducting internal control reviews. These checklists are being developed and will be published at a later date.

Supplementation. Supplementation of this regulation and establishment of command or local forms are prohibited without prior approval from HQDA (DASGPSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258

Interim changes. Interim changes to this regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to

HQDA (DASG-PSZ), 5109 Leesburg Pike, Falls Church, VA 22041-3258.

Distribution. Army: Distribution of this publication is made in accordance with the requirements of DA Form 12-09-E, block number 5076 intended for medical activities only at command level D for Active Army, Army National Guard, and U.S. Army Reserve.

Navy: Ships and stations having medical department personnel; special distribution list. Stocked at CO, NAVPUBFORCEN, 5801 Tabor Avenue, Philadelphia, PA 10120-5099. Air Force: F.

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Chapter 1 Introduction

1-1. Purpose

The Armed Forces Medical Examiner System (AFMES) establishes a Department of Defense (DOD) standard system for medicolegal investigations. All AFMES medicolegal cases will be submitted to the Office of the Armed Forces Medical Examiner (OAFME) through designated AFMES channels. To assure quality performance, a system of peer review and proficiency evaluation will be instituted within the AFMES. (See app A.) This regulation prescribes the organization, administration, and relationships of the OAFME and its centralized services. It identifies organization, policies, and procedures concerning medicolegal (forensic) investigations for determining the case and manner of death under specific circumstances for the following:

a. Members of the Armed Forces on active duty or on active duty for training. (See DOD Directive 6010.16 in app B.)

b. Civilians, including dependents of military members. (See app B.)

1-2. References

a. Required publications.

(1) AR 25-40-2, The Modern Army Recordkeeping System (MARKS). (Cited in para 4-5.)

(2) AR 40-31/BUMEDINST 6510.2/AFR 160-55, Armed Forces Institute of Pathology and Armed Forces Histopathology Centers. (Cited in para A-2.)

(3) AR 40-68, Quality Assurance Administration. (Cited in para A-1.)

b. *Related publications.* Related publications are listed below. (A related publication is merely a source of additional information. The user does not have to read it to understand this regulation.)

(1) AR 25-55, The Department of the Army Freedom of Information Act Program.

(2) AR 340-21, The Army Privacy Program.

(3) DA Pam 25-51, The Army Privacy Program-System Notices and Exemption Rules.

(4) DOD Directive 5210.42, Nuclear Weapon Personnel Reliability Program. (This publication can be obtained from Commander, Naval Data Automation Command, NAVDAC-172, Building 200, Washington Navy Yard, Washington, DC 20734.)

(5) DOD Directive 5210.65, Chemical Agent Security Program. (This publication can be obtained from Commander, Data Automation Command, NAVDAC-172, Building 200, Washington Navy Yard, Washington, DC 20734.)

(6) Unnumbered publication, Armed Forces Medical Examiner System Procedural Guide. (This publication can be obtained from the Office of the Armed Forces Medical Examiner, Armed Forces Institute of Pathology, Washington, DC 20306-6000.)

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Responsibilities

a. The joint surgeons general will—

(1) Administer the policy prescribed herein for all personnel and military medical treatment facilities (MTFs) under their jurisdiction.

(2) Support Armed Forces Medical Examiner (AFME) requirements for regional medical examiners (RMEs) and associate medical examiners (AMEs).

b. The Armed Forces Institute of Pathology (AFIP) Director will—

(1) Nominate the AFME from among qualified, board certified DOD forensic pathologists.

(2) Submit the nominee's names to the board of Governors of the AFIP for final confirmation and appointment. The tour of the AFME will be 4 years, which may be renewed at the option of the Board of Governors.

c. The Armed forces Medical Examiner will—

(1) Provide professional supervision of the AFMES.

(2) be responsible for the educational activities of the AFME's office, including training programs for RMEs and AMEs and visiting pathologists and Reserve Officers on active duty for training; courses in continuing education; affiliations for training residents from military hospitals in the Metropolitan Washington, DC, area; and master's degree programs of the AFIP or George Washington University in the forensic sciences and toxicology.

(3) Serve as co-director of the approved residency training program in forensic pathology.

(4) Serve as Registrar, Registry of Forensic Pathology, and maintain the case records, photographic records, microfilm records, and computer retrieval records for cases in the registry.

(5) Support OAFME research programs, including the research ballistics range and epidemiology-biostatistic studies of military medicolegal deaths.

(6) Provide consultative services in forensic pathology to the DOD and other Federal agencies; and participate in medicolegal investigations, post mortem examinations, and exhumations, when requested and authorized by the AFIP Director, for the DOD and other Federal agencies.

(7) Provide medicolegal opinions and testimony, when requested, to the Armed Forces and other Federal agencies.

(8) Maintain liaison between the AFIP and Federal medical, investigative and legal agencies.

(9) Prepare educational aids, including syllabuses and microscopic slide study sets, and provide proficiency testing.

(10) Provide assistance to the educational programs in the forensic sciences in the medical, investigative, and legal agencies of the Armed Forces and other Federal agencies.

(11) Develop and maintain aviation pathology programs to promote victim's survival of aircraft accidents. This includes—

(a) Providing vital information to validate medical standards in selecting aviation personnel.

(b) Maintaining active telephone liaison with the military safety centers and accident investigators.

(c) Preparing reports and publications relating to the functions and specialty of aerospace pathology.

(12) Support the Joint Committee on Aviation Pathology (JCAP) by serving as its headquarters and providing major administrative direction and professional support.

d. The Special Tactical and Analytical Resources System (STARS) Chief Deputy will—

(1) Report to the AFME for coordinating OAFME operations and policies to support STARS.

(2) Oversee aerospace pathology services in support of the military aviation safety programs. He or she must—

(a) Provide appropriate aerospace pathology consultation services for all fatal military aircraft accidents worldwide.

(b) Coordinate OAFME operations and policies with the safety centers for the Army, Navy, Air force. Activities must efficiently and completely support the basic needs of these agencies.

(c) Be responsible for OAFME operations and policies to support aerospace pathology requirements of other Government agencies including the—

1. National Transportation Safety Board.

2. National Aeronautics and Space Administration.

3. U.S. Coast Guard.

(d) Be responsible for OAFME operations and policies to support, within the capabilities of available resources, requests for aviation support by other agencies.

(e) Participate in the JCAP and serve as the secretary of that organization.

(f) Coordinate general forensic pathology for other Government agencies when requested. Agencies frequently using OAFME support include—

1. Federal Bureau of Investigation.

2. Bureau of Alcohol, Tobacco, and firearms (BATF).

3. Drug Enforcement Agency.

4. Department of Justice.

5. Department of State.
6. National security Agency.
7. Central Intelligence Agency.
8. U.S. Secret Service.
- e. The education and Research Chief Deputy will—
 - (1) Serve as education resource for the OAFME.
 - (2) Design, supervise, and coordinate all continuing education and training of staff, RMEs, and AMEs
 - (3) Conduct and supervise all continuing medical education (CME) training and seminars for the AFMES.
 - (4) Conduct training seminars for investigative agencies for triservice, local, State, and Federal agencies such as the BATF.
 - (5) Review, update, and revise all visual materials; for example, study sets and video films.
- f. The Medicolegal Investigations Operations Chief Deputy will—
 - (1) Provide operational support to the AFMES in medicolegal death investigations under the AFMES's jurisdiction. He or she serves as the Director of Operations within the Office of the AFME.
 - (2) Serve as consultant to criminal investigative agencies and judge advocates of the armed services.
 - (3) Provide diagnostic and consultative services to the Armed Forces, Veterans Administration, other Federal agencies, and civilian pathologists by reviewing medicolegal cases involving natural, homicidal, surgical, accidental, undetermined, and unclassified manners of death.
 - (4) Provide medicolegal opinions, testimony, and evidence, when requested, to the Armed Forces and other Federal agencies.
 - (5) Participate in medicolegal death investigations, post mortem examinations, and ancillary studies when requested by the Armed forces and other Federal agencies and authorized by the AFME.
 - (6) Provide assistance in the educational research special operations, resource management, toxicology, and administrative functions of the OAFME.
 - (7) Maintain liaison between the AFIP, the OAFME, and Federal medical, investigative, and legal agencies.
 - (8) Coordinate the quality assurance program (app A) within the AFMES and monitor the cases accessioned within the AFMES. Credentialing requirements specified herein pertain exclusively to duties performed within the AFMES. Cases reviewed and standards applied by the AFME are limited to those for which the AFMES has assumed primary responsibility. In all other cases the AFMES may offer consultative opinions.
 - (9) Provide the AFME with data concerning military medicolegal death investigations affecting policy and planning within the AFMES.
 - (10) Serve as medical adviser to the AFIP Division of Forensic Toxicology and participate in College of American Pathologist surveys, case workups, development of new methodologies, monitoring of occupational toxic hazards.
 - (11) Maintain the firing range and adjacent autopsy facilities and coordinate all consultative, educational, and research uses of these spaces.
 - (12) Supervise the photographer-investigators within the OAFME.
- g. The Forensic Toxicology Chief Deputy will—
 - (1) Provide worldwide service to the U.S. military services in the toxicologic examination of body fluids and tissues derived from victims of fatal and nonfatal aircraft accidents. Render an analogous service for civil aviation, serving both the Federal Aviation Administration and the National Transportation Safety Board on special, designated cases.
 - (2) Provide complete toxicology support to the AMES.
 - (3) Render toxicological analyses and consultations on selected specimens submitted by medical examiners, Department of Environmental and Drug-Induced Pathology, and military medical laboratories requiring expert assistance.
 - (4) Conduct a mission-oriented toxicology service for the Veterans Administration based on a complete forensic pathology case evaluation with the AFIP.

(5) Conduct, in connection with the above service, a continuous program of research designed to—

(a) Improve the specificity, sensitivity, and scope of each toxicologic test performed.

(b) Test, develop, or adapt procedures for the isolation, identification, and qualification of newly developed therapeutic agents, when present in biological specimens.

(6) Provide lectures and consultation in aerospace toxicology, forensic toxicology, and short-term special purpose tutorial training in toxicology for individuals or groups of individuals.

(7) Perform toxicological analysis for all Army post mortem forensic pathology cases. Toxicological analysis (post mortem forensic pathology cases) for the U.S. Air Force is performed at Brooks, AFB, San Antonio, Texas, and for the U.S. Navy, at Bethesda, Maryland.

1–5. Policies

a. The AFME and OAFME are located at the AFIP.

b. The AFME will be notified expeditiously by the casualty branch, safety center, or investigative agency of the death of any service member on active duty or active duty for training and of any individual, regardless of status, who dies on a military installation, vessel, or aircraft or while enrolled in the Personnel Reliability Program. Such notification will be by electronic mail or telephone. Upon determination by the AFME that a medicolegal investigation is necessary, the notifying activity is responsible for advising appropriate command authority that AFME personnel will arrive to participate in the investigation.

c. The AFME has authority to order medicolegal investigations, including an autopsy of the decedent for any service member on active duty or member of the Reserve Components on active duty for training whose death occurs in an area where the Federal Government has exclusive jurisdictional authority, and if circumstances surrounding the death are suspicious, unexpected, or unexplained. At locations with a military medical treatment facility (MTF), the AFME will provide consultative services to the MTF and/or local operational commander(s) in determining the necessity and/or extent of medicolegal investigation. Final determination on the necessity and extent of medicolegal investigations rests with the Armed Forces Medical Examiner as specified in the DOD Directive. Where no medical or command authority is present, the AFME will determine the need or extent of medicolegal investigation. All deaths with medicolegal significance will have a medicolegal investigation, to include an autopsy.

d. In areas where the AFME believes a medicolegal investigation is needed, the AFME can seek the assistance and cooperation of the local authorities. (See app B.)

Chapter 2 Organization

2–1. Organizational structure

a. The OAFME is the central medical examiner system for the DOD.

b. The OAFME is a triservice organization subject to the authority, direction, and control of the Assistant Secretary of Defense (Health Affairs).

c. AFMES is under operational control of the Director of the AFIP, WASH, DC 20306-6000.

d. The AFME is nominated by the AFIP Director from among qualified, board certified DOD forensic pathologists. The nominee's name is submitted to the Board of Governors for final confirmation and appointment for a term of 4 years.

e. OAFME is subdivided into the following specialized division.

(1) Special Tactical and Analytical Resources System; for example, JCAP, air safety centers, and special military missions.

(2) Education and research.

(3) Medicolegal investigations (forensic pathology).

- (4) Forensic toxicology.

2-2. Appointments

With the concurrence of the respective surgeons general, the AFME will appoint all deputy examiners, RMEs, and AMEs within the AFMES. All designated deputy examiners, RMEs, and AMEs will serve at the discretion of the AFME and the appointee's commander. When assigned a medical examiner case, the RME or AME will make every attempt to handle the case expeditiously for the AFME. The appointments of military or civilian personnel will be based on training, experience, and certification in forensic pathology by the American Board of Pathology. The specific requirements of board certification and forensic experience will be met for all medical examiner positions except for the AME. The title "deputy medical examiner" will refer to a forensic pathologist based at the OAFME. With the approval of the respective surgeons general, AMEs will be located at AFMES designated hospitals.

2-3. Regional medical examiner

a. The RME with concurrence of the surgeons general will be located at regionally designated locations within the United States and in overseas commands as follows:

- (1) Eastern United States.
- (2) Western United States.
- (3) Central United States.
- (4) Europe.
- (5) Far East.

b. As regional designated locations are determined, this information will be provided by the OAFME at the AFIP.

Chapter 3 Functions

3-1. Overview

The AFMES is directed by the AFME who has the authority to exercise direction and control over all personnel working within the AFMES during medicolegal investigations and other forensic operations. The AFME may also request, through appropriate channels, cooperation and assistance from other DOD personnel outside of the AFMES when necessary to conduct medicolegal investigations.

3-2. Procedural guide

The OAFME will provide medical examiners with a procedural guide for the medicolegal and post mortem examinations.

3-3. Investigations

a. The investigation of a suspicious event or incident within a command, including the scene and the recovery and custody of evidence, is the responsibility of the military, Federal, or civilian investigative agency depending on jurisdiction. The medical examiner will assist the investigating officers upon request.

b. The investigation of the cause and manner of death, the custody of the body, removal of the body, and the post mortem examination will be the responsibility of the medical examiner on the case. If the medical examiner is not available to the scene or cannot be contacted immediately, the law enforcement investigator may take custody of the body and arrange transport to the nearest designated AFMES facility. The collection, preservation, shipment specimens is outlined in the Armed Forces Medical Examiner system Procedural Guide.

3-4. Forensic dental identification

The Forensic Dentistry Section of the Department of Oral Pathology at AFIP and special consultants in forensic dentistry to the surgeons general of the Armed Forces will serve as the principal advisers to the AFME.

3-5. Quality assurance and privileges

Individual privileges will be delineated for all medical examiners

according to AR 40-68, individual military MTF, and the AFIP standards for granting privileges. In no instance may a person be assigned or allowed to perform professional duties unless qualified by education, training, and current license and certification.

3-6. Records and case review

a. The OAFME will review all medical records and retained pathologic matters on any autopsy performed in a military MTF, if the decedent's next of kin requests such a review within 1 year of the autopsy.

b. The AFME has the authority to review all medical records and all retained pathological materials on any autopsy performed in a military MTF. (See app B.) In cases where the autopsy to be reviewed was not performed by the Armed Forces Medical Examiner, the AFME will consult with the local medical/command authority prior to issuing a final report.

3-7. Death certificates

In any case where DOD has exclusive jurisdiction, the military MTF medical examiner will issue a death certificate. All copies of death certificates will be certified by the military MTF.

Chapter 4 Procedures

4-1. Investigations

The AFME begins the medicolegal investigation at the scene. The security and examination of the scene is the direct responsibility of the investigating agency. It will allow the AFME to approach the scene and the body at a propitious time. The medicolegal investigation will then be conducted following guidelines in the Armed Forces Medical Examiner System Procedural Guide. This may be only an inspection and description of the body or may include an autopsy.

4-2. Memorandums of Understanding

Where there is no exclusive jurisdiction, a Memorandum of Understanding (MOU) between the AFME or AFME representatives and military or civilian investigative agencies will be developed. These MOUs will describe jurisdictional areas, local statutes, investigative guidelines, and designated responsibilities. They will provide for the best possible medical and law enforcement assistance and cooperation in AFMES cases.

4-3. Communications

Casualty branches, safety centers, and investigative agencies must notify the AFME as soon as possible but not later than 24 hours following the death of any service member on active duty or active duty for training and any individual, regardless of status, who dies on a military installation, vessel, or aircraft or who was enrolled in the Personnel Reliability Program (fig 4-1) (DOD Directive 5201.42 and DOD Directive 5210.65).

4-4. Safeguarding and recording evidence

All evidence collected at the scene or during the medicolegal investigation, inspection, or autopsy belongs to the primary law enforcement agency. All evidence obtained from the body must be recorded in the autopsy protocol and transmitted with the appropriate law enforcement chain-of-custody forms to the appropriate receiving agency or laboratory.

4-5. Accessioning medicolegal cases

a. For any case over which the AFME has jurisdiction, an AFME number will be assigned; for example, AF-89-21. To receive this number, notify the AFMES and the number will be appended to the case in accordance with AR 25-400-2 when the case is designated complete by the AFME.

b. The final report will be submitted to the OAFME within 30 days of the completion of an autopsy.

4–6. Retention and disposition of materials in the AFIP collection

Referenced materials accessioned into the AFIP will be retained as specified in appendix B.

4–7. Releasing medicolegal information

Release of information is governed generally by AR 340-21; section 552, title 5, United States Code (Freedom of Information Act); and AR 25-55. It is DOD policy to provide the public the maximum amount of accurate and timely information, consistent with legitimate public and private interests. Records of medicolegal investigations and individual records and documents may be released to other Federal agencies, law enforcement and investigatory personnel, qualified medical personnel, and members of the public if the release of the records is not otherwise exempt under the Freedom of Information Act. Even records or documents subject to a Freedom of Information Act exemption will be released unless there is a legitimate governmental or privacy interest in withholding them. Normally, death certificates issued by a medical examiner may be released to the public.

4–8. Quality assurance

All AFMES medicolegal cases will be submitted to the OAFME

through designated AFMES channels. To assure quality performance, a system of peer review and proficiency evaluation will be instituted within the AFMES. (See app A.)

4–9. Education

As funds are available, the AFME will provide educational programs (basic, advanced, and continuing). Interested personnel should contact the Chief Deputy for Education in OAFME (AUTOVON 291-3288 or COMMERCIAL 202-576-3288). Fund citations will be established and maintained by AFIP-OAFME. Assigned medical examiners will attend at least one major educational conference annually and local CME, if possible. The following courses and meetings are recommended.

a. Courses and programs.

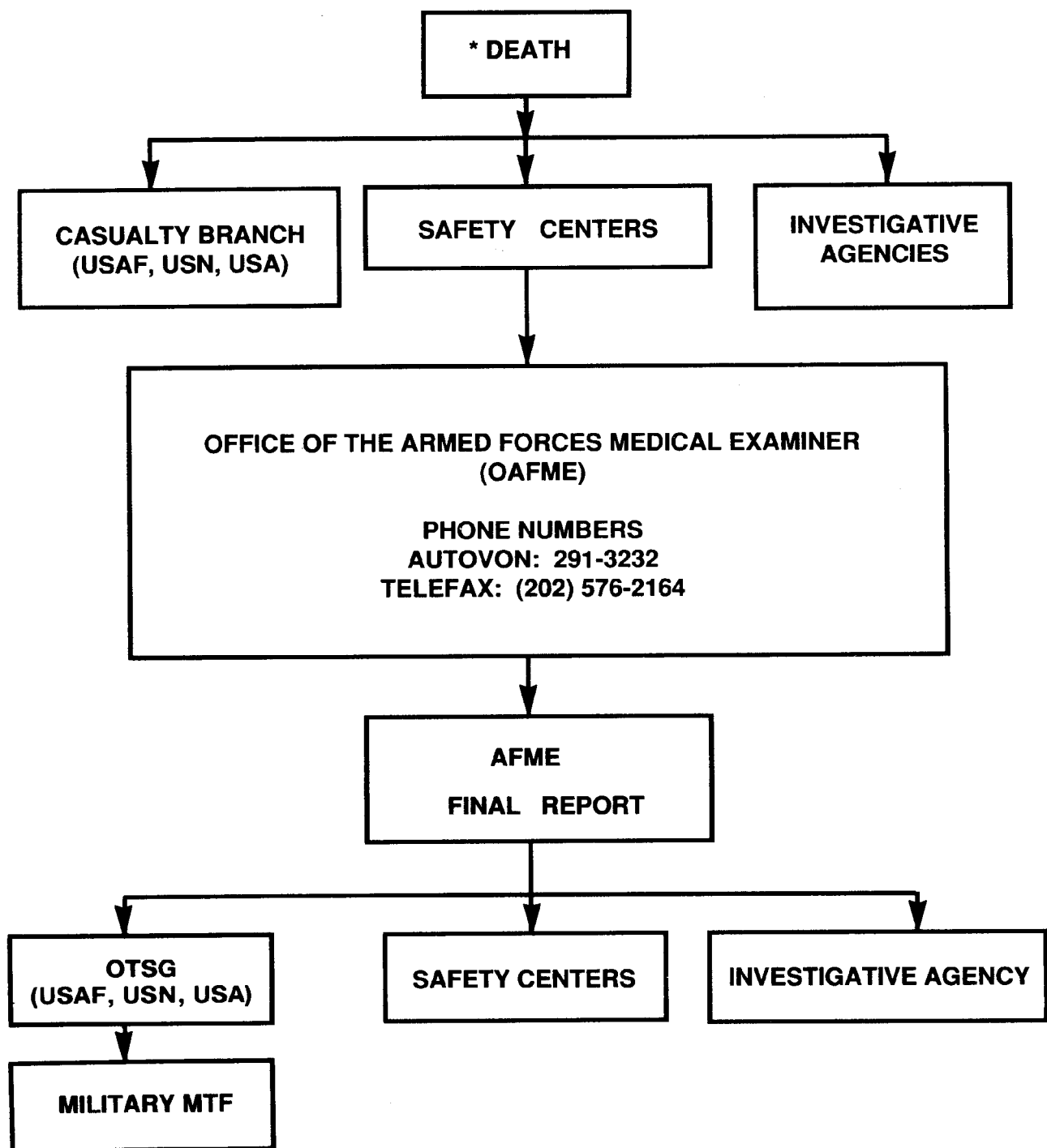
- (1) Forensic dentistry/odontology.
- (2) Aerospace pathology.
- (3) Basic forensic pathology.
- (4) Advanced forensic pathology.
- (5) Residency programs.
- (6) Fellowship programs.

b. Forensic meetings.

- (1) American Academy of Forensic Sciences.
- (2) National Association of Medical Examiners.
- (3) Aerospace Medical Association.

4–10. Advisors

The AFMES, to include the OAFME, RMEs and AMEs, will have the assistance of local or regional legal advisors.



***AFME notification may come from the casualty branch, safety centers, or investigative agencies.**

Figure 4-1. Basic communication chain for death investigation

Appendix A Quality Assurance

A-1. Quality Assurance

Credentiaiting, privileging, and yearly review

a. The AFME must be a senior board certified forensic pathologist, privileged in accordance with AR 40-68 and AFIP standards for privileges.

b. An RME must be a board certified forensic pathologist, privileged in accordance with AR 40-68 and military MTF standards for privileges.

c. An AME must be privileged in accordance with AR 40-68 and AFIP standards for privileges.

A-2. Records and reports

Records and reports must be maintained in accordance with AR 40-31, AR 25-400-2, and AFIP standards.

a. Cases.

(1) Review and sign out is by the individual pathologist.

(2) All cases are reviewed by two additional pathologists who rotate on review duty.

(3) Difficult or interesting cases are reviewed in conference.

(4) The final report to military MTFs or investigative agencies

will be sent within 30 days. Medicolegal cases that require litigation may extend past the 30 days.

b. Registry cases. Registry cases are selected by pathologists during case review conferences.

A-3. Peer review

All medicolegal cases accessioned into the AFMES database will be reviewed by an OAFME staff pathologist.

A-4. Proficiency test

Quarterly case reviews will be sent to the field for review by RMFs and AMEs.

A-5. Continuing medical education

Medical examiners will attend at least one major educational conference each year and participate in local CME as often as possible.

Appendix B Department of Defense Directive, March 8, 1988, Number 6010.16



Department of Defense DIRECTIVE

March 8, 1988
NUMBER 6010.16

ASD(HA)

SUBJECT: Armed Forces Medical Examiner System

References: (a) Title 10, United States Code, Sections 133, 176, 3012, 4711, 5031, 8012, and 9711
(b) Title 37, United States Code, Section 555
(c) DoD Directive 5210.42, "Nuclear Weapon Personnel Reliability Program," December 6, 1985
(d) DoD Directive 5210.65, "Chemical Agent Security Program," October 15, 1986

A. PURPOSE

This Directive establishes an Armed Forces medical examiner system with an Office of the Armed Forces Medical Examiner (OAFME) and an Armed Forces Medical Examiner (AFME), under reference (a), to conduct scientific forensic investigations for determining cause and manner of death under specific circumstances for:

1. Members of the Armed Forces on active duty or on active duty for training.

2. Civilians, including dependents of military members.

B. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense (OSD) and to the Military Departments.

C. DEFINITIONS

The terms used in this Directive are defined in enclosure 1.

D. POLICY

1. The AFME and the OAFME shall be located at the Armed Forces Institute of Pathology (AFIP).

2. The AFME shall be notified expeditiously of the death of any Service member on active duty or active duty for training and of any individual, regardless of status, who dies on a military installation, vessel, or aircraft or who was enrolled in the Personnel Reliability Program, references (c) and (d).

3. The AFME shall have the authority to order a medicolegal investigation, to include an autopsy, of the death of any Service member on active duty or member of the Reserve components on active duty for training where the Federal Government has exclusive jurisdictional authority, and where the circumstances surrounding the death are suspicious, unexpected, or unexplained. Such circumstances include, but are not limited to the following:

Figure B-1. DOD Directive 6010.16

a. Unnatural or violent deaths, whether due to known or suspected accident, homicide, suicide, or other undetermined means.

b. Deaths directly or apparently related to the occupation or employment of the deceased and deaths of individuals enrolled in the Personnel Reliability Program.

c. Deaths related to vehicular, aircraft, or vessel accidents.

d. Sudden deaths not caused by readily recognizable disease.

e. Deaths possibly related to disease that might constitute a threat to the public health.

f. Deaths occurring in a prison or the death of a prisoner.

g. Deaths occurring to individuals assigned as military crew members of military aircraft or military vessels.

h. When the commander of the Military Medical Treatment Facility (MMTF) in which the death occurred, or the decedent's commander in the grade of O-4 or above, notifies the AFME that a medicolegal investigation on a military member is necessary for reasons of U.S national security or for the protection of the military community.

4. When requested by competent authority, any civilian who dies in an area of exclusive U.S. jurisdiction garrisoned may be the subject of a medicolegal investigation, to include an autopsy, in accordance with summary court-martial procedures authorized under 10 U.S.C. 4711 and 9711 (reference (a)).

5. The AFME shall review all medical records and retained pathologic materials on any autopsy that was performed in an MMTF, if such review is requested by the decedent's next of kin within 1 year of the autopsy.

6. The AFME shall have authority to review all medical records and all retained pathologic materials on any autopsy performed in an MMTF.

7. Consent of the next of kin is not required for any medicolegal investigation performed in accordance with this Directive.

8. In those areas where the United States does not have exclusive jurisdiction, but where the AFME believes a medicolegal investigation to be needed, the AFME shall seek the applicable assistance and cooperation of the local authorities.

9. All autopsy materials, documentary and/or pathologic, which are requested by the AFME on an autopsy performed or reviewed under AFME authority under subsections D.3. through D.6., above, inclusive, shall be submitted to the OAFME and accessioned by the AFIP. Disposition and retention requirements for materials accessioned are given in enclosure 2.

10. Investigations required by the OAFME shall take precedence over any other duties of the Deputy Medical Examiner (DME), Regional Medical Examiner (RME), and Associate Medical Examiner (AME).

11. There shall be a system of quality assurance established for periodic evaluation of the AFME system.

E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) shall monitor the implementation of this Directive and the subsequent execution of the program.

2. The Secretaries of the Military Departments, or designees, shall:

a. Administer the policy prescribed herein for all personnel and MMTFs under their jurisdiction.

b. Develop and implement a system for notifying the AFME of all deaths as specified in subsection D.2., above.

c. Support AFME requirements for RMEs and AMEs.

3. The Scientific Advisory Board of the Armed Forces Institute of Pathology (AFIP) shall establish a subgroup of qualified medicolegal personnel who shall monitor the AFME system and shall report thereon to the AFIP Director, who shall report to the ASD(HA), through the AFIP Board of Governors, at least annually.

4. The Director, Armed Forces Institute of Pathology (AFIP), shall nominate the AFME from among the qualified, board certified, DoD forensic pathologists and submit the nominee's name to the Board of Governors for final confirmation and appointment. The tour of the AFME shall be four years which may be renewed at the option of the Board of Governors.

5. The Armed Forces Medical Examiner (AFME) shall:

a. Appoint DMEs and, with the consent of the Surgeon General concerned, shall appoint RMEs and AMEs.

b. Design and supervise applicable programs in forensic pathology and scientific medicolegal investigations for the training and continuing education of subordinate members of the AFME System.

c. Design and implement a system for completion of the medicolegal investigation.

d. Design and implement a system for reporting the results of investigations to applicable authorities, both military and civilian.

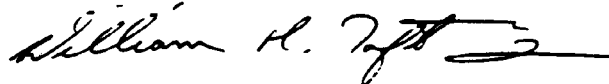
e. Design, implement, and monitor the quality assurance system for the AFME system.

f. Respond quickly to all notifications of death.

g. Consider DoD jurisdictional authority, when ordering a medico-legal investigation.

F. EFFECTIVE DATE AND IMPLEMENTATION

This Directive is effective immediately. The Office of the Armed Forces Medical Examiner shall be established within 120 days of the implementation of this Directive at which time the procedures for the notification of death shall be in effect. The Director of AFIP shall prepare a tri-Service implementing regulation and shall forward one copy of the implementing document to the Assistant Secretary of Defense (Health Affairs) within 6 months.



William H. Taft, IV
Deputy Secretary of Defense

Enclosures - 2

1. Definitions and Abbreviations
2. Retention and Disposition of Materials Accessioned into AFIP Collection

DEFINITIONS

1. Autopsy. A postmortem medical examination, a part of the medicolegal investigation, is the systematic examination, external and internal, of the body to assist in the determination of the cause, manner, and circumstances of death.
2. Cause of Death. That disease, injury, or injuries that resulted in the death.
3. Manner of Death. The circumstances under which the death occurred. These are categorized as homicide, suicide, accidental, natural, and in special cases either undetermined or unclassified.
4. Medicolegal Investigation. The medicolegal or forensic investigation is designed to determine systematically the cause, manner, and mechanisms of injury and death, using all scientific methods and procedures as well as investigative information available.
5. MMTF. A military medical treatment facility.
6. Next of Kin. The available interested party highest in the following order of priority shall be designated as the next of kin. The designated next of kin may waive all referenced rights for autopsy and organ disposition in favor of the next interested party in the order of priority listed as follows:
 - a. Unremarried surviving spouse.
 - b. Natural and adopted adult children, in order of seniority. The age of majority is 18 years. The rights of minor children shall be exercised by their surviving parent or legal guardian.
 - c. Parents, in order of seniority.
 - d. The remarried, surviving spouse if the marriage immediately following that to the now decedent occurred not following divorce from the now decedent, but rather following a finding of death as set forth in 37 U.S.C. 555 (reference (b)).
 - e. Other blood relatives by degree of consanguinity and, within this category, in order of seniority.
 - f. A persons standing IN LOCO PARENTIS to the decedent.
 - g. The Secretary of the Military Department concerned.
7. Personnel of the AFME System
 - a. Armed Forces Medical Examiner (AFME). A senior board certified forensic pathologist who heads the AFME System and who is assigned to the AFIP and is nominated as the AFME by the Director, AFIP, and appointed by the Board of Governors, AFIP.

b. Deputy Medical Examiner (DME). A board certified forensic pathologist who is assigned to the AFIP and who is appointed as a DME by the AFME.

c. Regional Medical Examiner (RME). A board certified or board eligible forensic pathologist who is not assigned to the AFIP and who is appointed by the AFME with consent of the Surgeon General concerned.

d. Associate Medical Examiner (AME). A board certified pathologist who is not assigned to the AFIP, and who is appointed by the AFME with the consent of the Surgeon General concerned.

1-2

Figure B-1. DOD Directive 6010.16

RETENTION AND DISPOSITION OF MATERIALS ACCESSIONED INTO AFIP COLLECTION

1. Referenced materials accessioned into the AFIP shall be retained as follows:

a. Documentary records or copies thereof, for a minimum of 25 years, after which they may be destroyed if, in the opinion of the AFME, they no longer serve a useful purpose.

b. Microscopic slides, for a minimum of 10 years, after which they may be destroyed if, in the opinion of the AFME, they no longer serve a useful purpose.

c. Paraffin blocks, for a minimum of 5 years, after which they may be destroyed if, in the opinion of the AFME, they no longer serve a useful purpose.

d. All other materials shall be retained at the AFIP until adjudged by the AFME to be no longer needed.

2. When materials are no longer needed they shall be destroyed completely in a dignified manner.

Figure B-1. DOD Directive 6010.16

Glossary

Section I Abbreviations

AFIP

Armed Forces Institute of Pathology

AFME

Armed Forces Medical Examiner

AFMES

Armed Forces Medical Examiner System

AME

Associate Medical Examiner

BATF

Bureau of Alcohol, Tobacco, and Firearms

CME

continuing medical education

DOD

Department of Defense

JCAP

Joint Committee on Aviation Pathology

MTF

medical treatment facility

MOU

Memorandum of Understanding

OAFME

Office of the Armed Forces Medical Examiner

RME

regional medical examiner

STARS

Special Tactical and Analytical Resources System

Section II Terms

Armed Forces Medical Examiner

A senior board certified forensic pathologist who heads the AFMES, is assigned to the AFIP, is nominated as the AFME by the Director, AFIP, and appointed by the Board of Governors, AFIP.

Armed Forces Medical Examiner System

The entire functioning system which includes the AFME, Assistant Armed Forces Medical Examiner, Chief Deputy Medical Examiner, Deputy Medical Examiner, RMEs, and AMEs acting as representatives of the AFMES.

Associate Medical Examiner

A board certified pathologist who is not assigned to the AFIP and who is appointed by the AFME with the consent of the surgeon general concerned.

Autopsy

A post mortem medical examination as a part

of the medicolegal investigation requiring the systematic examination, external and internal, of the body to assist in determining the cause, manner, and circumstances of death.

Cause of death

That disease, injury, or injuries that resulted in the death.

Deputy Medical Examiner

A board certified forensic pathologist who is assigned to the AFIP and appointed by the AFME.

Forensic dental identification

The use of dental evidence in the identification of remains.

Manner of death

The circumstances under which a death occurred. These are categorized as homicide, suicide, accidental, natural, and, in special cases, either undetermined or unclassified.

Medicolegal investigation

The medicolegal or forensic investigation designed to determine systematically the cause, manner, and mechanisms of injury and death using appropriate scientific methods and procedures as well as available investigative information.

Next of kin

The available interested party highest in the order of priority listed below. The designated next of kin may waive all referenced rights for autopsy and organ disposition in favor of the next interested party in the following order of priority:

- a. Unremarried surviving spouse.
- b. Natural and adopted adult children, in order of seniority. The age of majority is 18 years. The rights of minor children will be exercised by their surviving parent or legal guardian.
- c. Parents, in order of seniority.
- d. The remarried, surviving spouse if the present marriage followed the death rather than divorce from the decedent, and there has been a finding of death as set forth in 37 USC 555.
- e. Other blood relatives by degree of consanguinity and, within this category, in order of seniority.
- f. A person standing in loco parentis to the decedent.
- g. The Secretary of the military department concerned.

Regional medical examiner

A board certified or board eligible forensic pathologist not assigned to the AFIP who is appointed by the AFME with consent of the DOD and the appropriate military surgeon general or consultant.

Quality assurance

A planned and systematic pattern of all actions necessary to provide adequate confidence that adequate technical requirements

are established; products and services conform to established technical requirements; and satisfactory performance is achieved.

Section III

Special Abbreviations and Terms

This section contains no entries.

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Unclassified

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DOC STATUS: NEW PUBLICATION